LegalShield / IDShield Benefit Election //	Premium Deduction	Authori	zation Fo	rm
, as an employee of _ E nd have been offered the opportunity to elect LegalShie				
Î IDShield"				
Plan covers member, spouse, dependent never-marked Includes Monitoring for All ID sources including Sources Consultation, 24/7 emergency, Pre-existing matter Licensed Investigators fully restore all issues to p	ocial Media, Retirement rs, \$1 million insurance	Account policy, c	monitoring; lirect access	
LegalShield [®]				
Plan covers member, spouse, dependent never-moderned Includes Legal Consultation on unlimited number document review (15 pgs), estate planning inclumoving violations, IRS audit, trial defense if I am name change, 25% discount on choice issues, 2	er of issues, Letters and posterior with a sued, uncontested – div	ohone call n annual u	s made for i ipdates, traf	me, fic
	(Monthly Pay-	period de	ductions)	
I have decided to enroll in LegalShield	□ Individual	\$16.95	☐ Family	\$18.
I have decided to enroll in IDShield	☐ Individual	\$8.95	☐ Family	\$18
I have decided to enroll in BOTH	□ Individua	I \$25.90	☐ Family	\$33
Required: My Name	_ Last 4 Digits	DOB		
Spouse Name		DOB		
Child/Dependent Name		DOB	<u></u>	
Child/Dependent Name		DOB		
Child/Dependent Name		DOB	<u></u>	
Use Back side for additional dependents				
Residential Address:				
	Phone			
	Email			
Cima	(Required for ID	•		
Sign:	Date:			

To enroll call or return your form to Alan Jessen at 319-415-1759 Email: amjessen@cfu.net